

Name of foster parent(s) _____

STATE OF CONNECTICUT
Department of Children and Families

Foster Care Licensing Placement Waivers Request Form

Foster Parent or Prospective Foster Parent (Circle One) Name:		Licensed Bed Capacity	
Address:		Provider #	
Phone:		Language	

Type of Waiver	Check Applicable	Approving Authority
Physical Requirements of the Home (Egress, Pools, Lead Paint For Children >6) Foster Care Regulations Section 17-145-137		CPS PM and FASU PM
Telephone: Foster Care Regulations Section 17-145-138		CPS PM and FASU PM
Children's Bedroom, Clothing, Privacy, Egress: Foster Care Regulations Section 17-145-139		CPS PM and FASU PM
More than one out-of-home care license (in-house day care): Foster Care Regulations Section 17a-145-150		CPS PM and FASU PM
Financial Condition: Foster Care Regulations Section 17a-145-147		CPS PM and FASU PM
Food and Water: Foster Care Regulations Section 17-145-140		CPS PM and FASU PM
Animals: Foster Care Regulations Section 17-145-142		CPS PM and FASU PM
Health Standards: Foster Care Regulations Section 17a-145-143		CPS PM and FASU PM
More than one out-of-home care license (DDS and CPA): Foster Care Regulations Section 17a-145-150		Director OChYP
Criminal History; Pending Criminal Actions; History of Child Abuse or Neglect: Foster Care Regulations Section 17a-145-152		Commissioner
Overcapacity: DCF Policy 41-19-2		Regional Administrator
More than one TFC Placement*		RA(s) with notification to Director OChYP

*NOTE: For a waiver involving more than one TFC placement, the RA requesting the waiver shall take the lead to obtain agreement between the two involved Regions and the TFC partner agency. Upon agreement, the RA shall notify the Director of OChYP and attach the finalized waiver form.

Children Currently In The Home

NAME	Gender	DOB	SPECIFY IF BIOLOGICAL, ADOPTED, RELATIVE, GUARDIANSHIP OR FOSTER

Name of foster parent(s) _____

Daycare Home: YES _____ No _____

Children Receiving Day Care In The Home

NAME (optional)	GENDER	DOB	Hours

Children To Be Placed

NAME	GENDER	DOB

IF OVERCAPACITY REQUEST

This Placement Will Result In Exceeding The Population Limits As Follows:

- ☐ Exceeding Licensed Capacity
☐ More Than Three (3) Foster or Prospective Adoptive Children
☐ More Than Six (6) Children
☐ More Than Two (2) Children Under Two (2) Years Of Age
☐ More Than Three (3) Children Under Six (6) Years Of Age.

SLEEPING ARRANGEMENTS

PLAN TO REDUCE OVERCAPACITY

LENGTH OF TIME OVERCAPACITY/WAIVER IS GRANTED FOR _____ WEEKS OR

Permanent Overcapacity _____ Yes or _____ No

EXISTING WAIVERS

Name of foster parent(s) _____

Explain Significant Issues In The Foster Family's History Such As Substantiations Of Abuse or Neglect or Any Previous Concerns With This Family.

Physical Requirements of the Home (Pools, Lead Paint For Children >6)

Explain:

Telephone

Explain:

Children's Bedroom, Clothing, Privacy, Egress

Explain:

Criminal History, Pending Criminal Actions, History of Child Abuse or Neglect

Explain:

More than one out-of-home care license (DDS and CPA)

Explain:

Relative Placements in CPA homes

Explain:

Name of foster parent(s) _____

In-home Daycare

Explain:

Financial Condition

Explain:

Food and Water

Explain:

Animals

Explain:

Health Standards

Explain:

Required Signatures (as applicable):

Position	Name	Signature	Date
FASU PM			
CPS PM			
Regional Administrator or designee			
Director of OChYP			
Commissioner			

NOTE: Any request involving more than one Region requires a discussion between both Regional teams before placement occurs.

For waivers sent to the Commissioner's attention or Office of Youth and Children in Placement, please fax to: (860) 560-7066